COM AN ANTIQUE TREAT OF AND AUTHORITE TO FAT COURT ATTORNIED COURSEL

	CIR./DIST./DIV. CODE 2. PERSON REPRESENTED MAX RODRIGUEZ, LUIS					VOUCHER NUMBER					
3. MAG. DKT./DEF. NUMBER			4. DIST. DKT./DEF. NUMBER 1:04-010047-001		R 5. APP	5. APPEALS DKT/DEF. NUMBER		6. OTHER DKT. NUMBER			
7. IN CASE/MATTER OF (Case Name)			8. PAYMENT CATEGORY			9. TYPE PERSON REPRESENTED		10. REPRESENTATION TYPE (See lastructions)			
U.S. v. RODRIGUEZ Felony						Adult Defendant Criminal Case					
11. OFFENSE(S) CHARGED (Cite U.S. Code, Title & Section) If more than one offense, list (up to five) major offenses charged, according to severity of offense. 1) 21 841A=CD.F CONTROLLED SUBSTANCE - SELL, DISTRIBUTE, OR DISPENSE										;	
12. ATTORNEY'S NAME (First Name, M.I., Last Name, including any suffix) AND MAILING ADDRESS Carter, Valerie S. Carter and Doyle Russia Wharf West 530 Atlantic Ave., 3rd Floor Boston MA 02210 Telephone Number: (617) 348-0525 14. NAME AND MAILING ADDRESS OF LAW FIRM (only provide per instructions)					Ons) Signal	F Subs For Federal Defender P Subs For Panel Attorney P Subs For Panel Attorney V Standby Counsel Prior Attorney's Name: Appointment Date: Because the above-named person represented has testified under oath or has otherwise satisfied this court that he or she (1) is financially unable to employ counsel and (2) does not wish to waive counsel, and because the interests of justice so require, the					
					HOURS	TOTAL AMOUNT	MATH/TECH				
CATEGORIES (Attach itemization of services			rvices with dates)	·	CLAIMED	AMOUNT CLAIMED	ADJUSTED HOURS	MATH/ ADJUS AMOU	TED JNT	ADDITIONAL, REVIEW	
15.	a. Arraignment and	/or Plea									
	b. Bail and Detentio	n Hearings									
1	c. Motion Hearings					ķ					
R	d. Trial) - -						
C	e. Sentencing Hearin	ngs					į				
0 4	f. Revocation Hearings					2°				'	
r t	g. Appeals Court										
	h. Other (Specify ол	additional shee	ets)								
	(Rate per hour	= \$)									
16.	a. Interviews and Co	a. Interviews and Conferences						, 1.1	V - 1		
Ŏ.	b. Obtaining and rev	viewing records	**								
t o	c. Legal research an										
f	d, Travel time										
C	e. Investigative and	Other work									
Ť			(Specify on addition	- 		···		. .			
17	(Rate per hour			OTALS:							
17. 18.	Other Expenses	(lodging, parking								`	
10.	Ome Expenses	(other than exper	t, transcripts, etc.	.)			_:				
19.	CERTIFICATION OF ATTORNEY/PAYEE FOR THE PERIOD OF SERVICE FROMTO					20. APPOINTMENT TERMINATION I IF OTHER THAN CASE COMPLE			ATE 21. CASE DISPOSITION		
22 4											
	CLAIM STATUS Final Payment Interim Payment Number Supplemental Payment Have you previously applied to the court for compensation and/or remimbursement for this case? YES NO If yes, were you paid? YES NO										
	Other usual from the court, have you, or to your knowledge has anyone else, received payment (compensation or anything or value) from any other source in connection with this representation? YES NO If yes, give details on additional sheets.										
	I swear or affirm the truth or correctness of the above statements.										
Signature of Atterney:						Date:					
					· · ·	70 - 1					
23.	N COURT COMP. 24. OUT OF COURT COMP. 25. TRAV			EL EXPENSES	26. OT	26. OTHER EXPENSES		27. TOTAL AMT. APPR / CERT			
28. SIGNATURE OF THE PRESIDING HIDIGIAL OFFICER											
4O,	SIGNATURE OF THE PRESIDING JUDICIAL OFFICER					DATE			28a. JUDGE / MAG. JUDGE CODE		
29.	COURT COMP. 30. OUT OF COURT COMP. 31. TRAVEI			I. FXPFNSFS	37 OT	32. OTHER EXPENSES		33. TOTAL AMT. APPROVED			
	J. OUT OF COURT COMP. 31. TRAVEL				- DATE ENGE						32. 01
34.	SIGNATURE OF CHIEF JUDGE, COURT OF APPEALS (OR DELEGATE) Pa approved in excess of the statutory threshold amount.					DATE	DATE		34a. JUDGE CODE		
	.,										

BCL